

**CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT** Name: Lois J. Frankel UNITED STATES HOUSE OF REPRESENTATIVES Report Type Filer Status Member of the U.S. House of Representatives Annual (May 15, 2013) District: 22nd State: Florida Amendment Daytime Telephone: Officer or Employee For use by Members, officers, and employees. EDISLATIVE RESOURCE CENTER Employing Office: Termination Form A Termination Date . HOUSE OF REPRESENTATIVES 013 JUN -3 AM 9: 33 A \$200 penalty shall be assessed against anyone who files more than 30 days late. (Office Use Only)

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

the onse.	vered and Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Yes X No	Yes X	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
<u>\$</u>	Yes X No	No X If yes, complete and attach Schedule IX.  If yes, complete and attach Schedule IX.	No X	Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
<b>₹</b>	Yes X No	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No 🔲	Yes X No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
×	eg	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII.	No X	Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
×	Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No	Yes X No	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
Yes	<b>8</b>	Yes
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#### SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
l971	Spouse Salary	NA.
State of FL Retirement	Pension	\$10,947.48
Morgan Stanley Smith Barney LLC	IRA Distribution	\$8,000.00
Morgan Stanley Smith Barney LLC	IRA Distribution	\$30,000.00
Morgan Stanley Smith Barney LLC	IRA Distribution	\$112,213.61

### SCHEDULE III—ASSETS

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Exxon Mobil Corp	Commonwealth A Select Resources II	IBM	Moduslink	8400 Plaza Asso Davie, FL 33324	Real Estate		Examples:	92	that is not publicly traded, sta- tion in Block A.  Exclude: Your personal rest- function and vacation homes a income and vacation homes a income during the reporting po- ing \$5,000 or less in a pers accounts; and any financial inte- from, a federal retirement pro- your so choose, you may in income source is that of your so child (DC), or is jointly held with optional column on the far let- ter a detailed discussion of S please refer to the instruction t	property; and a cry and state;	rental or other	all IRAs and ans) provide the curi that exce	Provide complete name: not use ticker symbols.)	ntify (a) each a necome with a send of the earth of the contable asset of them than \$200 in	Asset a	
bil Corp	Commonwealth Allmerica Select Resources II		Moduslink Global Solutions	8400 Plaza Associates Davie, FL 33324	- BIF	13		P Mega Corp. Stock	te the name of the bush- te the name of the bush- , and its geographic loca- lence, including second (unless there was rental shot); any deposits total- onal checking or saving trest in, or income derived gram, including the Thritt ndicate that an asset or pouse (SP) or dependent h your spouse (JT), in the checkule III requirements, pooldet.	a privately had havinger	For rental or other real property held for investment, pro- vide a complete address or a description, e.g., "rental " convert" and a ritu and state	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	s of stocks and mutual funds (do	identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at 10 more with a fair market value exceeding \$1,000 at 10 more of the reporting period, and (b) any other freportable asset or sources of income which generated more than \$200 in "unearmed" income during the year.		BLOCK A
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SCHEDULE III—

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	ننر	Ž	Ţ	á	2	Ċ	==	ć	Š	S n	•								2	₹	Name Lois J. F		ankel		1	]	1	1				Page.	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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SCHEDULE III --- ASSETS AND "UNEARNED" INCOME

Name Lois J. Frankel

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Continuation Sheet (if needed)

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

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## SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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#### SCHEDULE III-- ASSETS AND "LINEARNED" EXCOME

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Page 13 of 19		Name Lois J. Frankel	"UNEARNED" INCOME	HEDULE III—ASSETS AND "UNEARNED" INCOME ntinuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name Lois J. Frankel Page 14 of 19

Continuation Sheet (if needed)			
BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income
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	\$1,00 \$15,0 \$50,0 \$100 \$250 \$500 \$1,00 \$5,00 \$25,0	NON DIVII REN INTE CAP EXC TAX- Othe	\$1 - \$201 \$1,00 \$2,50 \$5,00 \$15,0
Robert Half Int	x	х	×
Roper Ind Inc	X	×	×
Slm Corporation	×	×	×
SPDR Gold Tr Gold Shs	X	X	×
Transdigm Group Inc	х	×	×
TW Telecom Inc Cl A	X	X	×
Ulta Salon Cos & Fragr Inc	×	×	×
Wells Fargo & Co New	X	×	×
Weyerhaeuser Co	X	×	×
Whirlpool Corp	х	×	×
Wyndham Worldwide Corp	Х	×	×
Morgan Stanley IRA (Managed by MFS Investment Mgmt)			
Assets owned within the IRA:			
Cash	x	×	×
MS Liquid Asset Fund	×	X	×
3M Company	x	×	×
Abbott Laboratories	х	X	×
Accenture Plc Ireland Cl A	X	X	×
Ace Ltd		X	×
AT&T Inc		×	×

None	\$25,000,001 \$50,000,000 X Over \$50,000,000 C Spouse/OC Asset over \$1,000,000* S NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST X X TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	\$25,000,001 - \$50,000,000	\$25,000,001 - \$50,000,000	\$25,000,001 - \$50,000,000	\$25,000,001 - \$50,000,000	\$25,000,001 - \$50,000,000
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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#### SCHEDULE V— LIABILITIES

Name Lois J. Frankel

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the object of the preceding calendar year exceeded \$10.000. \*This column is for liabilities half solictly by your should be a repeated that

								Am	Amount of Liability	of Lia	blifty			
			Liability		>	₽	<u></u>	0	E	1	Ω		-	_
<b>⊣</b>		Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000 \$250,001-	\$500,000 \$500,001-	\$1,000,000 \$1,000,001-	\$5,000,000	\$25,000,000	\$25,000,001	\$25,000,001 \$50,000,000 Over
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				×						
	GMAC Mortgage	ortgage	Dec. 2010	Mortgage on 4 Interlachen Circle West Palm Beach, FL 33401				×					İ	
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#### SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

#### SCHEDULE VIII—POSITIONS

Name Lots J. Frankel Page 19 of 19

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

tions), and positions solely of air honorary nature.	vialy haute.
Position	Name of Organization
Partner	Real Estate Associates Limited III
Partner	8400 Plaza Associates

#### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
Vested 2002	Myself and State of Florida	Pension annuity for service in state legislature
03-31-11	Myself and City of West Palm Beach	Retiree Life Insurance, Retiree VEBA Retiree Health Insurance-not exercised